FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					Relationshi									
Repor	ting O	wners												
				Code V	(A) (D)	Date Exerc		Expiration Date	Title	Amount or Number of Shares				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Y	Execution Dat	4. Transaction Code Year) (Instr. 8)	5.	options, convertible so 6. Date Exercisable and Expiration Date (Month/Day/Year)		cisable on Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
Reminder:	Report on a s	separate line for	each class of securi	Derivative Securi	ities Acqu	Personal the fired, E	sons wi tained i form di Disposed	ho respondin this for splays a	rm are curre	e not rec ently vali ally Owne	uired to re d OMB cor	nformation espond unles ntrol number	s	1474 (9-02)
Common Stock		11/03/2010		S		200		\$ 7.5	189,006			D		
Common Stock		11/03/2010		S		39,80		\$ 7.51	189,206			D		
					Code	V	Amour	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Benefici	ount of Securities cially Owned Following ed Transaction(s) 3 and 4)		Form:	7. Nature of Indirect Beneficial Ownership
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Street) SUNNYVALE, CA 94088-3453				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
ADVANCED MICRO DEVICES, INC., ONE AMD PLACE				3. Date of Earliest Transaction (Month/Day/Year) 11/03/2010						X_Officer (give title below)Other (specify below) Chf Ops & Admin Officer				
(Print or Type Responses) 1. Name and Address of Reporting Person * RIVET ROBERT J				2. Issuer Name and Ticker or Trading Symbol ADVANCED MICRO DEVICES INC [AMD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
CETHIL OF IVE	ne Kesponses	3)												

Other

Signatures

RIVET ROBERT J

ONE AMD PLACE

Robert J. Rivet	11/05/2010			
**Signature of Reporting Person	Date			

Reporting Owner Name / Address

ADVANCED MICRO DEVICES, INC.

SUNNYVALE, CA 94088-3453

Director

10% Owner

Officer

Chf Ops & Admin Officer

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.